

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/180432		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		61				
2		1		1		1	62				
3		2		1		1	63				
4		2		1		1	64				
5		2		1		1	65				
6		2		1		1	66				
7		2		1		1	67				
8		2		1		1	68				
9		2		1		1	69				
10	1		1		1		70				
11		1		1		1	71				
12		2		1		1	72				
13		2		1		1	73				
14							74				
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36							96				
37							97				
38							98				
39							99				
40							100				
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	2		2		3		TOTAL IND.				
TOTAL DEP.	13		41		47		TOTAL DEP.				
TOTAL CLAIMS	15		43		50		TOTAL CLAIMS				